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| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS</b><br><i>Patent</i>                          | Patent Number          |                        |
| Address to:<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Issue Date             |                        |
|   | Application Number     | 10/712,006             |
|   | Filing Date            | November 14, 2003      |
|   | First Named Inventor   | Hugh R. Sharkey et al. |
|   | Attorney Docket Number | 22416-014006           |
|   | Confirmation Number    | 7828                   |

Please change the Correspondence Address for the above-identified application to:

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| <input checked="" type="checkbox"/> The address associated with Customer Number: |       |
| OR   | 26166 |

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| <input type="checkbox"/> Firm or<br>Individual Name |
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| <b>Address</b> |  |  |
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| <b>Telephone</b> | <b>Email</b> |
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the :

|  |
|--|
| <input type="checkbox"/> Patentee.   |
| <input type="checkbox"/> Assignee of record of the entire interest. See CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. |
| <input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <u>38,524</u>                               |

|                  |                      |
|------------------|----------------------|
| <b>Signature</b> | /Phyllis K. Kristal/ |
|------------------|----------------------|

|                                  |                    |
|----------------------------------|--------------------|
| <b>Typed or Printed<br/>Name</b> | Phyllis K. Kristal |
|----------------------------------|--------------------|

|             |           |                  |                |
|-------------|-----------|------------------|----------------|
| <b>Date</b> | 6/10/2008 | <b>Telephone</b> | (202) 783-5070 |
|-------------|-----------|------------------|----------------|

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted. |
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